

## AMERICAN INTELLIGENCE.

*An account of the Cholera which occurred on board the United States' ship John Adams.* By G. R. B. HORNER, M. D. Surgeon. (Communicated in a letter to Professor Horner.)—So great is the terror this disease has excited, and such the eagerness with which the members of the medical profession are seeking for a precise knowledge of its nature and the best method of treatment, that I presume any communication which may increase their knowledge of either subject will be acceptable.

Before commencing the description of cholera as it prevailed among the crew of this ship, or speaking of the treatment adopted, it will be useful perhaps to say something respecting the health of the crew previously to its appearance, the localities of the ship during its existence, the state of the weather before its occurrence, and the measures taken to prevent its extension, and to render its attacks less violent.

The health of the crew from the time of our leaving the United States to that of our arrival at Constantinople, may be said to have been excellent. The only complaint at all common was diarrhœa, which was caused by bad water, but of which few cases occurred for a month before the vessel arrived. Four cases of ordinary cholera occurred in June and July, and yielded readily to the medicines commonly given.

On the 10th of August, 1831, the John Adams, after a detention of several days by a contrary wind, in the Dardanelles, arrived at Constantinople, and anchored in the Propontis, or sea of Marmora, about half a mile from the wall of the city, and to the south of Scraglio point. The sultan having refused us permission to anchor in the harbour or above the scraglio in the Bosphorus, we did not change the place of anchorage during our stay.

From the 1st to the 11th of August, the temperature of the air at noon averaged 80° of Fahr. The wind blew from the 11th to the 20th uninterruptedly, as it commonly does on the Bosphorus during the summer from the north. On the 11th, the temperature of the air was 70°, and from the 11th to the 20th, it averaged 76°. During the 20th and 21st, the wind was very light; the mercury stood at 81°. On the 22d there was a perfect calm; the Propontis was perfectly unruffled, the mercury stood at 83°, the atmosphere was loaded with a vapour impenetrable to the rays of the sun, and there was a general complaint on board of an uncommon relaxation of the body and of strange sensations of oppression. At noon on the 23d, the temperature of the air was 78°, but in the afternoon the wind having begun again to blow from the north, the mercury sunk rapidly, and at 9 o'clock in the evening stood at 70°.

During the night of the 12th, and the morning of the 13th, three persons were seized with cholera, but the symptoms not being very violent, and the vessel having been only three days at Constantinople, I did not suspect they were affected with the cholera which I understood was epidemic there, and in the towns of Pera and Scutari. Between the 13th and the 23d, a number of cases of diarrhœa occurred; only two or three of those having it were taken under treatment, some being slightly affected and others not applying for assistance. Before day-light on the 23d, two persons were seized with cholera, and a third one shortly after eating breakfast. Of these, two died, one within eighteen, the other within twenty-one hours from the commencement of the attack. During the morning of the 24th, the master at arms, a young man, and previously in the enjoyment of perfect health, having expired within nine hours from the time of being attacked, and eight other persons having been taken

under treatment during a few hours, terror seized all on board, and the ship getting under sail dropped down to Point Stephano, ten miles from the city. The accounts of the ship having been settled, on the 25th she ran the length of the Propontis, entered the Dardanelles by night, and keeping on her course, the next day reached Mytelene. In the afternoon of the 27th, she came to anchor off Long or English Island, in the gulf of Smyrna. This island we understood from one of the sailors was uninhabited, and had an ancient building upon it in a sufficient state of preservation to be used as a hospital. As soon as the anchor was cast I went on shore in search of the building, and was much pleased to find it in every respect suited for the reception of the sick; it being large enough to accommodate double their number, and affording perfect protection from rain and dew, also permitting a free circulation of air. This building appears to have been used as a reservoir for water. It is composed of arebes, supported by square pillars of granite, arranged in five rows, each of which, when it was perfect, consisted of twenty. Arrangements for their reception having been made, on the 28th all the sick were sent to the hospital. Their number was twenty-two. Four persons died between that time and the 29th. Convinced by the daily increase of the number of sick, that the disease would continue to progress and would extend throughout the crew unless some means were taken to check it, I recommended that all exposure to the dew should be avoided, that no more labour should be required of the men than was absolutely necessary, and that the rations of salt meat and beans should be stopped, and rations of fresh meat, rice, and potatoes substituted. Having understood that cases of diarrhoea were very common, I requested that all those affected with it should immediately report themselves, inasmuch as nearly all the cases of cholera had been ushered in by it; and the persons who had applied for medical aid as soon as they felt unwell, had the disease in a mild form, and had been cured or relieved without difficulty. The sailors, from foolhardiness or the fear of losing their grog by being on the sick list, notwithstanding this request and information, kept back until some of them were attacked with cholera and had died. They then being alarmed, reported themselves, and in a few days twenty-six were admitted on the sick list.

What I recommended was observed, and seemed to have the desired effect, for no more cases of the disease happened after the 9th of September; most of those who had it convalesced rapidly, and their number was so much reduced by the 15th, that the hospital was deserted, all of them were taken on board, the vessel went up to Vourla, and having got a supply of water, sailed for Port Mahon.

Having made this long preamble I will go on to describe the disease, and to speak of the treatment.

*Symptoms.*—These were most commonly nausea, burning pain, and great oppression in the epigastric region, copious vomiting, attended with violent spasms of the abdominal muscles, sensations of internal heat, a clean moist tongue, unquenchable thirst, frequent watery stools of a light brown colour, resembling muddy water, or a mixture of clay and water, and severe cramps of the lower extremities. In the mild cases the pulse was frequent and tense before vomiting, small and weak during its continuance, and after its subsidence full and soft. In three cases, the skin, before and after vomiting, had its usual plumpness and warmth. The evacuations did not always commence the attack. In one case the first symptoms were nervous twitches of the facial muscles, and acute pains darting through the thorax and abdomen. Another patient for four or five hours before vomiting and purging came on, had unremitting cramps of the legs, a haggard countenance, a frequent and feeble pulse, a cold skin, and a profuse clammy sweat. The first symptoms a third person had, were general uneasiness, and spasms of the biceps flexor cubiti muscle of the left arm, and of the hamstring muscles of the right thigh. The first symptoms in two other cases were violent and universal convulsions, similar to those of epilepsy; the patients remaining in a state of insensibility, gnashing and gritting the teeth,

and tossing themselves about with such force that several persons were required to hold them.

In the most violent cases, the common symptoms were an entire suppression of urine and saliva, a complete loss of muscular power and mental energy, anxiety, restlessness, hurried respiration, hiccough, vomiting, involuntary discharges from the bowels of the stools spoken of, spasms of the lower extremities, a death-like coldness of the hands and feet, and a small, feeble, and fluttering pulse. The skin was cold, lividly pale, bathed with a clammy sweat, and resembled the skin of a human subject which had been immersed in water for some days. The countenance was collapsed and unmeaning, the lips pale, the eyes surrounded by a bluish circle, glazed, and sunk to the bottom of their orbits. In two cases subsultus tendinum continued for some time after death. It was common for several hours before death, for vomiting to cease, the stomach to retain whatever was given to drink, and spasms altogether to subside, the patients complaining of no pain.

The disease in most cases of recovery terminated as it began, with a diarrhoea, the stools of which were watery or slimy, and of a white or light brown colour, for a few days. When they had assumed their natural colour and consistence, convalescence was rapid and recovery certain.

Relapses were frequent, the alimentary canal for many days after the attack continuing irritable, and rendering it necessary to give food the most easily digested.

The cold livid skin, the clammy sweats, the small, feeble, fluttering pulse, the sunk and glazed eyes were the most fatal omens, the sure harbingers of a speedy death. Not a man who had all these symptoms recovered; and I finally when they existed, lost all hope of a cure. In these cases the system was unsusceptible of any salutary impression from medicines or remedies, and they scarcely retarded the extinction of the vital spark.

*Post mortem examinations.*—The appearances on dissection not having been the same in all persons, it will be better I think to give a separate account of each examination. I regret that from some of those who died, having been buried at sea, and my time having been so much occupied in attendance on the sick, that I have only five examinations to relate. For want of time also I was unable to make the dissections more general.

**CASE I.**—W. B. died at 4 o'clock, and was examined at 10 o'clock, A. M. The bladder was empty, the peritonæum, kidneys, spleen, and pancreas were in a healthy condition. The liver was of a natural colour and size, but the gall-bladder was distended by a very dark and thick bile. In the stomach and intestines was found a quantity of fluid almost white, not in the least tinged with bile, and having the appearance of rice water and mucus mixed. The mucous coat of the stomach, duodenum, jejunum, and ilium, was of a deep red colour, firm, and did not change in colour when scraped with the knife. The cæcum and colon externally were of a dark brown colour. The mucous coat of the latter was of a deep red hue, and its arch in the middle was so contracted, that when cut transversely, I found the feces retained in the portion next the cæcum. The size of the gut at the part constricted was that of my little finger. The mucous coat of the rectum was of a bright red colour, and had completely the inflammatory character, and not the congestive.

**CASE II.**—J. A. died on the fourth day of his illness. He had been long subject to attacks of intermittent fever, and last year was treated in the West Indies for hepatitis. These facts are stated to explain the peculiarities met with on dissection. The lymphatic glands of the mesentery were much enlarged; the liver of a light brown or yellowish colour, indurated and torn with difficulty. The acini were very indistinct, and the superior convex surface was covered with white spots. The gall-bladder was filled with a thin dark bile, and the stomach was congested with blood. The same kind of feces were found in the intestines as in the preceding case, having the same fluidity and colour. The small intestines were much contracted. Their mucous coat was congested

with dark blood, and the glands of Bruner were of a white colour, enlarged and indurated, rolling between the fingers like shot. There was no unnatural appearance in the colon, and the cæcum had its mucous coat only congested in patches, a few lines in circumference.

CASE III.—J. S. died within twenty-four hours after vomiting began. He had had before that took place a bowel complaint for two days. The lining membrane of the stomach presented some marks of engorgement of its blood-vessels, but that of the intestines was uncommonly pale. The liver was congested with venous blood, and the gall-bladder distended with bile. No bile was found in the stomach and intestines. The spleen, pancreas, kidneys, and bladder, were healthy.

CASE IV.—J. H. æt. 50, had been much addicted to drink. The mucous coat of the stomach was of a dark red colour, softened, very thin, easily to be separated from the cellular coat. Its folds were small and in parts hardly perceptible. The pylorus was scirrhus, and the mucous coat of the duodenum for five inches adjoining, had rather a bright red colour, and did not look like that caused by venous congestion. The remainder of the alimentary canal was pallid and flabby. The liver, spleen, and pancreas, presented no signs of disease.

CASE V.—L. V. æt. 18. The omentum majus, the mesenteries, the stomach and small intestines, were gorged with blood, which had more brilliancy than that of venous blood. Several spots of congestion were found in the cæcum, but the colon and rectum were perfectly pale. The arch of the colon presented its convexity downwards, and had the extremities near together. The liver, spleen, and other viscera, were healthy in appearance. In the alimentary canal, as in the others examined, the white fluid mentioned was found.

*Treatment.*—The state of the system not having been the same in all cases, the treatment was varied, and underwent certain modifications. Those patients who were slightly affected, were given, to correct nausea and prevent the occurrence of vomiting, small doses of sup. carb. soda, or magnes. ust. combined with tr. opii, and a small quantity of whiskey or brandy. Although the vomiting was not prevented by these remedies, it was rendered less severe. In these cases, to favour the evacuation of the common contents of the stomach, rice and barley water were drank plentifully.

To those persons severely but not most violently attacked, were administered spt. æther. nit. and tr. opii, or tr. opii, and spt. æther. sulph. or camphor and opium in powders, composed of one grain of the latter and three grains of the former. Rice and barley water were given to quench thirst and favour the evacuations. The irritation of the bowels was soothed by anodyne enemata, friction applied to the extremities with flannels, and a sinapism or blister was applied to the epigastrium. After I treated a good many cases of this kind, I ascertained that the blister was superior in efficacy to the sinapism, from its having a more permanent effect, and substituted whenever the case did not require an instantaneous irritation to be excited. The above was the common treatment of cases of this kind, but some were managed differently. In the case of an old seaman who had had a second attack of the disease, and had lingered for several days in a state of great debility, I excited a moderate mercurial action. As soon as the gums became sore, the stools, which had been colourless and watery, began to resume their natural consistence and colour, and reaction of the system took place. In the two cases preceded by convulsions, copious blood-letting was practiced with the most decided efficacy, both patients having been immediately relieved by it, and eventually getting well. From one of them, a young and athletic man, upwards of thirty ounces of blood were drawn before the pulse at all sunk, and the convulsions were mitigated. Venescction was performed in five more cases and with success in three of them. The pulse in each of these cases was much excited, possessing great strength and activity. The two persons who died were completely relieved by the bleeding at first, and to me seemed to have the finest prospects of recovery, but they relapsed; one at the termination of twenty-four, and the other of forty-eight hours. The

lancet, however, was not used alone, but in conjunction with the warm bath, frictions, and some of the medicines mentioned. I was induced to resort to it, not only from the great excitement of the pulse, but from having understood it was the principal remedy resorted to at Constantinople, and was generally successful when early employed. While we were there, an English merchant residing in Pera was said to have been cured of the disease by blood-letting; and I was told by a Maltese, the captain of the port, that all persons who had been seized with cholera, and were not bled, had died. But notwithstanding, I could not think of bleeding in all cases: to have drawn blood in those of a mild kind would have been unnecessary, and in those accompanied by a feeble, flitting, compressible and almost imperceptible pulse, with a cold, flabby skin, and every other sign of exhaustion, would have been, I conceive, an act of madness, and certainly would have cut short existence.

The cases of the most malignant nature, or those in which the system was from the commencement, or very soon after it, entirely prostrated, were treated in the following manner. As in other cases, rice and barley water were given to appease the insatiable thirst, small doses of *magnesia ust.* and *sup. carb. sodæ*, combined with *laudanum* and *ol. menth. pip.*, to do away the constant inclination to vomit, and the antispasmodics spoken of, to overcome the spasms of the stomach, bowels, and extremities. To soothe the irritation of the bowels, and to assist the medicines taken by the mouth in procuring the desired effects, I used anodyne injections in some instances. Of the use of opium, however, either by the mouth or the rectum in these malignant cases, I cannot speak favourably; for in several of them, though it soothed pain and quieted spasm, it evidently hurried the fatal crisis by its sedative influence. When the disease began its career, the patients of this class, from the want of a bathing tub, were sponged with hot water, and were given hot pediluvia; but as soon as a tub was made, they were plunged into a bath of sea water and *pulv. capsici ann.* heated to as high a degree as could be borne, and having been kept in between twenty and thirty minutes, were taken out, rubbed dry, and covered with blankets. To cause reaction and to determine the blood towards the surface, blisters or sinapisms were applied to the epigastrium and extremities, hot stones and bottles of boiling water were kept constantly in contact with the hands and feet, and frictions with a flannel dipped in *vol. liniment*, or *tr. capsici*, and in some cases in boiling *spt. terebinth.* and *pulv. cantharid.* were made without intermission. To assist these external remedies in several cases, the *vol. alkali*, made into a julep, was administered, and in all of them hot brandy toddy was given in moderate quantities, and at short intervals. Having understood that tourniquets were used by some persons in the East Indies to prevent the determination of blood to the internal organs, I made repeated trials of their efficacy in both those mildly and in those violently attacked, and found them of no advantage in arresting the disease, although they produced a stagnation of blood in the extremities. Had the mere recession of blood to the internal organs constituted the disease, they perhaps might have been employed with success.

The above was the mode in which I treated the worst form of cholera; but of its utility I cannot boast, but I must rather acknowledge and lament its inefficiency in most instances. In some of these persons vitality was so far extinguished, that the hot bath, frictions, sinapisms, and blisters, had no more effect than they would have had on dead bodies.

The disease generally terminating as it began with a diarrhœa, a combination of blue mass and opium was prescribed with great success; the former medicine restoring the secretion of bile, of which a deficiency was indicated by the stools, and the latter soothing the irritation of the intestines and preventing their frequent evacuation. I twice substituted the *sub. acet. plumbi* for the opium, but with no advantage. When there was no fear of causing a return of vomiting—when the stomach was enfeebled, the appetite bad, and convalescence slow, tonics were used. The *sulph. quinin.* was employed internally, and at the same time was applied to the blistered surface on the epigastrium. Much benefit was

derived from the infusion of rad. colomb. and still more from that of pulv. cinch. offic., rad. columbo, rad. zinziber, and cortex aurantii.

I will end the account of the treatment by stating that several patients, after almost a perfect restoration of health, and several persons after they had returned to duty, having had a second attack from indulging the appetite, I adopted a strict system of regimen, and not only made my patients observe it while under my charge, but recommended it should be pursued for some days after they were assigned to duty.

Every thing that it may be useful to know of its treatment has been stated, and I will proceed to speak of the mortality of the disease, of the exciting causes, and of the remote or predisposing cause.

Before the occurrence of cholera, the crew, including the warrant and commissioned officers, was composed of two hundred and eleven persons. Of this number forty-three had the disease in a well developed form, that is, accompanied by vomiting and purging. Eleven died, or about one in four. If, however, the twenty-six cases of diarrhœa are reckoned to have been cases of cholera, the number of persons attacked with it was sixty-nine, and the mortality was not quite one in six. As many of the cases of diarrhœa were attended by nausea, heat, and oppression in the epigastrium, and other symptoms of cholera, and it is probable would have terminated in it, had they not have been taken under treatment, all the cases might be classed together without impropriety.

The most evident exciting causes were excesses in eating, and the remarkable vicissitudes of weather mentioned. I will not enter into a discussion of the remote or predisposing cause of cholera in India and other countries, but will only adduce my opinion concerning it at Constantinople and in the John Adams. My opinion of the disease as it occurred in that city and in this ship is, that it is not contagious, and that the remote cause may be considered a noxious substance, entering into the composition of the atmosphere. It is impossible to say what is the nature of this noxious substance. We can only judge by its effects and by our inability to account for the disease, when it is assigned to another cause with so much satisfaction. The existence of this substance should not be denied, because it is unsusceptible of demonstration. Remittent and intermittent fevers are supposed and believed by most physicians to be caused by miasmata, and nevertheless, no one has discovered and demonstrated their composition. It may be asked, why cholera, if owing to the existence of this substance, has never before prevailed in Constantinople? I answer by stating that an unfavourable climate has retarded the concurrence of those principles necessary for the production of this substance, in the same manner that certain climates have retarded the formation of the matter causing yellow fever and other diseases. As regards contagion having given origin to cholera in Constantinople, I will remark that the principal fact in which that opinion is based is the prevalence of the disorder in Odessa, between which and the former city a constant intercourse by shipping is maintained. But granting the disease was introduced into Constantinople by vessels from Odessa, can we not with as much reason suppose the air, as the persons they contained, to have been contaminated. Not being acquainted with any person in Constantinople from whom I could obtain correct information concerning the first appearance of cholera there, my opinion of its cause in that city is founded on what I have remarked in this ship.

That the disease was not caused in the John Adams by contagion, I am convinced by the following facts. No one belonging to the vessel was near or saw any citizen of Constantinople, or of the adjacent towns, Pera and Scutari, in which the disease was prevalent, who was or had been effected by it. The officers, twenty-three in number, with the exception of those who were slightly affected, were exempted from the disease, although day after day for two weeks they were wandering through the streets and amidst crowds of the lowest class of the inhabitants, who was said to have suffered more from it than any other class. Two cases happened among the boatmen, about forty in number, who from being often among the rabble on the landing places and in the harbour,

were as much exposed to contagion as the officers. The officers and boatmen were the first, and may be said to have been the only persons who visited the city, and were the last to take the disease. While the sick were on Long Island, between twenty and thirty men and women, belonging to the neighbouring country, visited it for various purposes, and although they came near us, and some walked through the hospital, none of them caught the disorder or communicated it to their relations and friends on returning home. The launch, a boat manned by seventeen rowers, one of whom died of cholera, made several trips to a fountain in the harbour of Vourla. Near the fountain is a house owned by a Maltese and a Turk, who supply ships which go there with provisions, and keep liquors and other groceries for sale. This house is a rendezvous for the people of two adjacent villages, and had about it at all times during the day a considerable number of them. The men belonging to the launch were for hours each time they went for water among the persons collected about the house and the fountain, and notwithstanding, I have not heard of their having communicated cholera to any one of them.

From these facts and others which might be stated, I am firmly convinced that contagion was not the remote or predisposing cause of this complaint in the John Adams, and I do not believe contagion was the cause of it at Constantinople, as they have satisfactorily proved to me that cholera is not under all circumstances contagious. I have been induced to advance my opinions and to give these facts respecting the causes of this disease from a conviction that a most unreasonable fear and horror of it exists, and that the quarantine laws for its prevention are unnecessarily rigid. In all the countries of Europe bordering on the Mediterranean, the plague is an object of less terror. The people of Asia and Africa, living on this sea, entertain for cholera the utmost horror. All vessels from the Levant are quarantined at Tripoli and Tunis, and when we arrived at Long Island, the inhabitants of Smyrna would not hold any intercourse with us, and in fact declared the vessel in a state of quarantine, a circumstance never before known to have happened in any Turkish port. On the arrival of the ship at Port Mahon in October, the junta of health, having been informed of our misfortune, quarantined her for forty-six days, and to purify her, and to expel from among us what they termed in a manifesto the most voracious destroyer of mankind, required many things to be done, some of which I will mention. The ship was completely emptied and cleaned out, and afterwards alternately washed and fumigated with chlorine for twelve days. The whole of the crew were three times fumigated with the same gas, the clothes of every person belonging to the ship were either washed or exposed to the air, the sails of the ship, both those which had been used and those which had been stowed away, were immersed in salt water for twenty-four hours, and a daily report was made by me of all those sick, of their rank, diseases, and of the numbers admitted or discharged from the sick list. We were made to observe many regulations altogether rigid and useless, and to do other things quite as unnecessary as those mentioned.

Of such importance did the junta think the arrival of the John Adams still suspected to be infected with cholera, that they forthwith reported the circumstance to the king of Spain, and requested instructions how to act. The king directed that as the ship was in quarantine she should be allowed to remain in port, but at the same time ordered that no vessel having the cholera on board shall be permitted to enter any port within his dominions.

*Case of Spontaneous Evolution of the Fœtus.* By S. C. SNYDER, M. D. of Charlestown, Virginia. (Communicated in a letter to Dr. Dewees.) Two weeks since, I was called upon and visited a Mrs. O. B. of this place. She was in labour, and informed me that the liquor amnii had escaped. In consequence of this information, I proceeded immediately to examine her. I found the left shoulder of the child lodged against, or towards the left acetabulum, and its body across the pelvis of the mother, towards the right sacro-iliac symphysis. As the uterus was acting with considerable energy, I determined not to attempt

turning the child without having another physician to concur with me, and share the responsibility. Dr. Cramer was sent for, but being absent, Dr. Yates was brought. Upon an examination, he agreed that an attempt ought to be made. The funis was still pulsating, the os tinea well dilated, and the mother's pelvis very capacious. She had had, also two children. I therefore introduced my hand into the vagina; but so *instantaneous and violent* were the contractions of the uterus upon every, and the least agitation or movement of the child, that for fear of rupturing the womb, I determined to desist. I then told Dr. Yates, if he wished, I would be gratified if he would relieve me, and make an effort. He declined, however, and submitted the case entirely to my judgment, as an older and much more experienced accoucheur. I determined then to wait for a "spontaneous evolution" knowing that the worst of the case could only fall on the child, in any event, and that even so deplorable a termination as this would be far preferable in the *hand of nature*, than to have it together with a ruptured uterus, (and as a consequence, the inevitable death of the mother,) from my interference!!

That an *evolution* would take place, I inferred from the capacity of the pelvis, the size of the fœtus, the activity of the womb and the health of the mother. And I was not disappointed; but the child was lost! Soon after my effort to turn, the arteries of the funis ceased to pulsate. The shoulder and arm, not long afterwards, were protruded entirely beyond the labia; and as the left side and pelvis of the child descended the longest diameter of the mother's pelvis, they gradually turned: so that by the time the body of the child became visible, its *back* as well as side presented.\* I now passed my index fingers around the child to its groins, and immediately and easily pulled down its pelvis and lower extremities. The head followed after a moment's delay. The left arm, shoulder, and side of the child, were considerably swollen and livid. The placenta was removed without much difficulty. There was sufficient hæmorrhage, however, to require the use of the tampon, cold wet cloths to the lower part of the abdomen, and a dose of the sacch. saturni. I would here remark that I never give less of this medicine than from x. to xx. grs. in such cases; and that I never knew the least inconvenience result from it—excepting, perhaps, the necessity occasioned for a larger dose of castor oil afterwards.

From the time I saw the patient first, until her delivery, I suppose about ten hours elapsed. There was a constant *tenesmus* or bearing down of the womb—such as occurs after the exhibition of the ergot. These circumstances, together with the position of the child in the pelvis, induced the fearful apprehension that peritoneal inflammation, sloughing or abscess might be the consequence. But my patient walked about her room four days after her confinement, and I found it necessary only to bleed once and direct one or two doses of oil and the saline julep.

You may not infer from the above statement, that I would always wait ten hours for a spontaneous evolution:—especially if the fœtus were dead. Even in this case, with which every thing concurred to make a reasonable delay safe, I was induced towards the close of it, to make preparation for the mutilation of the child. And I probably should have mutilated it, had not the patient borne her sufferings with almost unparalleled fortitude and patience.

In all cases, I think it extremely important for a physician to observe closely the operations of nature, and to imitate her as nearly as practicable. Guided by this opinion, should I ever have a case requiring the destruction of the child or its mutilation, I would proceed in the following manner, to wit:

With the seissors I would perforate the abdomen and remove its contents as completely as possible, in order to facilitate the *doubling* of the child and the consequent descent of its breech into the pelvis of the mother. I would then fasten the blunt hook upon the brain of the child's pelvis and should not fear to bring it away with ease and safety. This plan would leave *no head in the uterus*, and could do *no violence* to the mother.

\* The arm and shoulder still remaining out, however.



Statement of Deaths, with the Diseases and Ages, in the City and Liberties of Philadelphia, from the 1st of January, 1831, to the 1st of January, 1832.

DISEASES.	Under 1 y'r of age	1 to 2	2 to 5	5 to 10	10 to 15	15 to 20	20 to 30	30 to 40	40 to 50	50 to 60	60 to 70	70 to 80	80 to 90	90 to 100	100 to 110	TOTAL.
Abcess	0	0	2	0	1	0	6	3	3	2	3	1	0	0	0	21
Atrophy	16	3	1	2	0	0	1	2	1	0	3	1	0	0	0	29
Aphthæ	1	0	0	0	0	0	1	0	0	0	0	1	1	0	0	2
Angina Pectoris	0	0	0	0	1	0	0	0	0	0	0	0	0	0	0	1
Apoplexy	0	0	0	0	0	1	7	7	9	12	13	8	3	0	0	60
Aneurism	0	0	0	0	0	0	0	2	1	0	1	0	0	0	0	4
Asthma	0	0	0	0	0	0	0	0	0	3	5	0	0	0	0	6
Bronchitis	11	8	12	2	1	2	5	5	3	2	4	4	1	2	0	63
Burns	3	4	12	4	0	0	0	1	1	0	0	0	0	0	0	25
Bite of Rattle-Snake	0	0	0	0	0	0	0	1	0	0	0	0	0	0	0	1
Consumption	23	18	18	16	8	36	179	167	105	58	24	17	4	0	0	673
Convulsions	174	41	31	9	0	2	5	7	5	2	1	0	0	0	0	277
Catarrh	31	7	8	0	0	0	0	2	2	2	1	1	2	2	0	58
Cholera	199	89	14	1	1	3	3	2	0	2	3	3	0	0	0	320
Child-Bed	0	0	0	0	0	0	2	7	0	0	0	0	0	0	0	9
Caries	0	1	1	0	0	0	0	2	0	0	0	0	0	0	0	4
Cancer	0	0	0	0	0	0	1	4	7	3	2	2	0	0	0	19
Casualties	2	0	3	1	1	4	3	3	2	1	1	0	0	0	0	21
Cachexy	0	0	0	0	1	0	0	1	0	1	1	0	0	0	0	4
Contusions	0	0	0	0	0	0	1	0	0	0	0	0	0	0	0	3
Concussion of Brain	0	0	0	0	0	0	0	0	0	0	1	0	0	0	0	1
Cholic	0	0	0	0	0	0	0	0	0	0	1	0	0	0	0	4
Chorea Sancti Viti	0	1	0	0	0	0	0	1	1	0	1	0	0	0	0	1
Colica Pictonum	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1
Debility	173	18	14	4	1	0	3	6	8	15	24	22	5	0	0	293
Dyspepsia	0	0	0	0	0	0	2	0	2	0	0	0	0	0	0	4
Disease of the Heart	4	1	0	3	1	3	3	2	3	1	2	1	0	0	0	24
Hip-Joint	0	0	0	0	0	1	0	0	0	1	0	0	0	0	0	2
Knee-Joint	0	0	0	1	0	0	0	0	0	0	0	0	0	0	0	1
Spine	4	0	1	0	0	0	1	1	0	0	0	0	0	0	0	7
Drunkenness	0	0	0	0	0	0	1	11	7	5	2	1	0	0	0	27
Drowned	0	0	0	5	5	2	9	20	7	2	1	0	0	0	0	51
Diarrhœa	28	17	8	2	1	0	5	3	2	6	3	2	4	0	0	81
Dysentery	19	17	14	10	4	2	13	12	12	9	5	3	1	0	0	121
Death by Lightning	0	0	0	0	0	1	0	0	0	0	0	0	0	0	0	1
Dropsy	6	6	5	5	2	3	8	29	21	11	10	4	1	0	0	111
of the Breast	0	1	5	3	0	0	7	6	3	10	6	1	0	0	0	48
Head	92	57	39	13	3	0	1	3	0	0	0	0	0	0	0	208
Diabetes	0	0	0	0	0	0	0	0	0	0	0	1	0	0	0	1
Decay	0	0	1	0	0	0	0	1	1	1	0	0	2	0	0	7
Drinking Cold Water	0	0	0	0	0	0	0	0	0	2	0	0	0	0	0	2
Erysipelas	11	0	2	0	0	0	0	1	1	1	0	0	0	0	0	16
Epilepsy	1	0	0	1	0	1	0	4	2	1	1	1	0	0	0	12
Eruptions	2	2	0	0	0	0	0	0	0	0	0	0	0	0	0	4
Effects of Heat	0	0	0	0	0	1	1	0	0	0	0	0	0	0	0	2
Found Dead	18	0	2	0	0	0	0	5	8	8	2	2	0	0	0	45
Fracture	0	0	0	0	0	1	3	1	1	0	0	1	0	0	0	7
Fungus Hæmatodes	0	0	0	0	0	0	1	0	0	0	0	0	0	0	0	1
Fever	13	7	5	5	1	4	9	5	7	5	4	1	0	0	0	66
Bilious	4	2	1	3	2	8	7	7	11	6	3	1	0	0	0	55
Typhus	0	2	0	7	6	6	26	13	9	6	6	0	0	0	0	84
Remittent	1	2	5	3	4	3	9	5	2	3	3	3	0	0	0	43
Intermittent	4	1	1	0	0	0	1	4	0	0	2	0	0	0	0	15
Nervous	0	0	0	0	1	0	4	1	0	1	1	0	0	0	0	8
Hectic	0	0	0	0	0	1	1	1	0	0	0	0	0	0	0	3
Puerperal	0	0	0	0	0	1	10	2	1	0	0	0	0	0	0	14
Malignant	0	0	0	0	0	0	1	1	0	0	0	0	0	0	0	2
Carried over	840	305	205	101	45	85	332	362	252	178	139	88	27	4	0	2973

DISEASES.	Under 1 y'r of age	1 to 2	2 to 5	5 to 10	10 to 15	15 to 20	20 to 30	30 to 40	40 to 50	50 to 60	60 to 70	70 to 80	80 to 90	90 to 100	100 to 110	TOTAL.
Brought over	840	305	205	101	45	85	332	362	252	178	139	88	27	4	0	2973
Fever, Scarlet	13	31	91	54	5	1	4	1	0	0	0	0	0	0	0	200
Gout	0	0	0	0	0	0	0	0	0	5	0	0	0	0	0	7
Gangrene	2	0	4	1	0	1	1	1	2	0	1	0	0	0	0	13
Hives	39	23	52	12	0	0	0	0	0	0	1	0	0	0	0	127
Hooping-Cough	31	13	18	5	0	0	0	0	0	0	0	0	0	0	0	67
Hæmorrhage	3	0	0	1	2	2	7	6	3	3	4	0	0	0	0	33
Hernia	0	1	1	0	0	0	0	1	1	4	3	2	1	0	0	14
Insanity	0	0	0	0	0	0	6	9	5	1	3	0	1	0	0	25
Influenza	1	1	0	1	0	2	0	5	0	4	1	4	4	1	0	24
Introsuseption	3	2	0	0	0	0	0	0	0	0	0	0	0	0	0	5
Inflam'n of Lungs	33	17	19	4	4	5	20	19	22	19	19	7	3	0	1	192
Stomach	4	1	2	1	1	2	4	7	3	3	4	2	0	0	0	34
Liver	2	0	2	4	1	1	5	12	6	4	0	4	1	0	0	42
Brain	17	5	6	13	4	3	10	15	8	4	1	1	1	1	0	89
Kidneys	0	0	0	0	0	0	0	1	1	0	0	0	0	0	0	2
Bladder	0	0	0	0	0	0	0	3	0	1	0	0	0	0	0	4
Knee-Joint	0	0	0	0	1	0	0	0	0	0	0	0	0	0	0	1
Uterus	0	0	0	0	0	1	1	1	1	0	0	0	0	0	0	4
Breast	8	5	0	2	1	0	3	2	3	1	1	2	0	0	0	28
Heart	0	0	0	2	0	1	2	0	0	0	0	0	0	0	0	5
Bowels	31	14	10	2	0	3	6	5	2	1	4	2	1	0	0	81
Peritoneum	0	0	0	1	2	7	8	3	0	2	0	0	0	0	0	23
Jaundice	7	0	0	0	0	1	0	1	1	2	1	0	0	0	0	13
Locked-Jaw	2	0	0	0	0	0	4	0	1	0	0	0	0	0	0	7
Laudanum to Excess	1	0	0	0	0	0	1	1	0	0	0	0	0	0	0	3
Measles	11	8	3	0	0	0	0	0	1	0	0	0	0	0	0	23
Mania a Potu	0	0	0	0	0	0	23	44	31	5	5	2	0	0	0	110
Mortification	4	1	2	1	0	1	1	5	1	4	3	0	1	0	0	24
Old Age	0	0	0	0	0	0	0	0	0	0	1	13	37	21	2	74
Palsy	0	0	0	0	1	0	2	3	6	10	14	12	8	3	0	59
Pleurisy	1	0	0	1	0	1	2	5	3	2	6	2	1	0	0	24
Perished with Cold	1	0	0	0	0	0	1	1	0	1	0	0	0	0	0	4
Poisoned	0	0	1	0	0	0	1	0	0	0	0	0	0	0	0	2
Phlegmasia Dolens	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1
Rupture	0	0	0	0	0	0	1	0	0	0	0	0	0	0	0	1
Rheumatism	0	0	0	0	0	0	2	0	1	0	0	0	0	0	0	4
Small-Pox	1	2	1	0	0	0	6	3	1	0	0	0	0	0	0	14
Stricture	0	0	0	0	0	1	0	0	0	0	0	0	0	0	0	1
Sudden	18	2	1	1	1	0	10	0	0	0	0	0	0	0	0	1
Suicide	0	0	0	0	0	0	5	2	2	1	0	0	0	0	0	79
Sore Throat	4	4	7	6	1	0	2	0	0	1	0	0	0	0	0	10
Suffocation	2	0	0	1	0	0	0	0	0	1	0	0	0	0	0	25
Stone	0	0	1	0	0	0	0	0	0	0	0	0	0	0	0	3
Shot, (accidentally)	0	0	0	0	0	1	0	0	0	0	0	1	0	0	0	2
Serofula	12	3	3	0	3	1	4	2	0	0	0	0	0	0	0	1
Stroke of the Sun	0	0	0	1	0	0	0	0	0	0	0	0	0	0	0	28
Still-Born	316	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1
Syphilis	2	0	0	0	0	1	1	0	0	0	0	0	0	0	0	316
Scirrhus	0	0	0	0	0	0	0	1	0	0	0	0	0	0	0	4
Tumours	0	0	0	0	0	0	0	1	0	0	0	0	0	0	0	1
Teething	7	1	0	0	0	0	1	2	2	1	0	0	2	0	0	8
Thrush	3	0	1	0	0	0	0	0	0	0	0	0	0	0	0	8
Ulcers	2	0	0	1	0	0	2	1	2	3	0	0	0	0	0	4
Unknown	15	1	5	1	2	1	7	11	8	7	1	1	0	0	0	13
Varioloid	0	2	0	0	0	1	0	0	1	0	0	0	0	0	0	60
Violence	3	0	0	0	0	0	0	2	1	0	1	0	0	0	0	4
Worms	0	2	6	0	0	0	0	0	0	0	0	0	0	0	0	7
	1439	444	441	217	74	123	495	559	380	278	220	145	91	30	3	4939

Of the following there were Males, of 20 years and upwards, 1,256; 1,491 under 20 years; 962 Females, of 20 years and upwards, and 1,230 under 20 years.

There were 414 returns received at the Health Office, of persons who died in the Alms-house of the City during the year, and 475 people of Colour are included in the statement of Interments.

Agreeably to returns made at the Health Office, and collected from 155 Practitioners of Midwifery, there have been born in the City and Liberties, from the 1st of January, 1831, to the 1st of January, 1832, 3,787 Male, and 3,555 Female Children: making the total number of births 7,342; leaving a difference between the births and interments of 2,403.

*Deaths in each Month of the within period.*

	Adults.	Children.	Total.
January - - - -	159	147	306
February - - - -	166	170	336
March - - - -	156	173	329
April - - - -	197	162	359
May - - - -	148	164	312
June - - - -	114	198	312
July - - - -	178	407	585
August - - - -	156	286	442
September - - - -	206	275	481
October - - - -	175	203	378
November - - - -	184	207	391
December - - - -	380	328	708
	<hr/>	<hr/>	<hr/>
	2219	2720	4939
Still-Born - - - -	-	-	316
			<hr/>
			4623

By order of the Board of Health,

SAMUEL R. FRANKLIN, *Health Officer.*

*Health Office, Philadelphia, January 1st, 1832.*

Population in the year 1830, within the limits of the Bills of Mortality, 167,812

Add for 1831, four per cent. on the above amount, making - 174,524

General proportion of Mortality to Population 1 in 37.7 (Still-born excluded.)

Deaths by Consumption 1 in 7.3 of the total mortality, or - 1 in 6.8 do. do.

Deaths by Fevers, (Scarlet excluded) - 1 in 12.5 do. do.

Deaths by Fevers, (including Scarlet) - 1 in 9.4 do. do.

Deaths by Inflammations - 1 in 9.1 do. do.

The Mortality from Scarlet Fever is unusually great, being no less than 200.

By referring to the monthly statement of deaths, a very great increase will be observed to have taken place in December, the amount for which is no less than 708. As this month is, next to May, that which presents the lowest average mortality, the increase was doubtless connected with the early visitation of severely cold weather.

G. E.

*Observations on the Dew Point and on the Means of Ascertaining it.* By J. P. Esqr, Esq. (Communicated in a letter to Dr. Hays.) The importance of meteorology is universally acknowledged to be so great, and atmospheric changes so intimately connected with health and disease, that any new discovery, by

which the most important of these changes can be detected, and even predicted, cannot fail to be highly interesting to the intelligent physician.

Now, the experiments of Dalton and others have demonstrated, that the quantity of vapour in the atmosphere at any time may be ascertained by taking the "dew-point," that is, by cooling down a body below the temperature of the air, and noting its temperature when the moisture begins to settle upon it.

Mr. Daniell and Mr. Jones have both invented hygrometers on this principle, using ether for refrigeration; but as these instruments are hardly to be procured in this country, it is interesting to know that the following simple method which I have constantly used for several years, is not surpassed in accuracy by either of the instruments mentioned above. I place a common thermometer in a tumbler of water, and cool this water gradually by ice, or other artificial means, such as the muriate of ammonia and nitrate of potash, until the moisture begins to settle on the outside; this is the "dew-point," a very appropriate name, derived from the discovery of Mr. Wells, who demonstrated that dew does not fall from the air, as was generally supposed, but only settles on those bodies in the night, which become cold by radiation. A table is given in the Edinburgh Encyclopædia, Art. Hygrometry, of the number of grains of moisture contained in a cubic inch of air, corresponding to the different degrees of Fahr.

Tables are also given in Ure's Chemical Dictionary, and in Turner's Chemistry, of the pressure on the barometer, due to the vapour in the atmosphere at various temperatures of the dew-point. For instance, when the temperature of the dew-point is  $32^{\circ}$ , the pressure on the barometer is  $\frac{1}{10}$ th of an inch, or one hundred and fiftieth of the whole; and when the dew-point is  $80^{\circ}$ , which is about its maximum in the torrid zone, the pressure on the barometer is one inch, or one-thirtieth of the whole.

The highest I have ever seen the dew-point in Philadelphia is  $76^{\circ}$ , which gives a pressure of  $\frac{88}{100}$ th of an inch. The lowest was  $6^{\circ}$  below zero, which gives a pressure of less than  $\frac{1}{10}$ th of an inch.

However simple and easy the method of taking the dew-point, as mentioned above, I found it occupied so much time to take it three times a day that it became desirable to discover some plan by which time might be spared, and it occurred to me that there might be some proportion between the temperature of the air, the temperature of a thermometer surrounded with wet paper, and the temperature of the dew-point. If so, and this ratio could be discovered, the temperature of the dew-point could be ascertained with almost the same ease as the temperature of the air—and that too at all times without the use of artificial refrigeration. In my first experiments on this subject, I took it for granted that the temperature of a thermometer surrounded with wet paper would be the same finally, whether the thermometer is moved rapidly through the air, or is permitted to lie at rest in still air; for such is stated to be the fact by Professor Leslie. But I have discovered, by very many experiments, that the temperature will be lower by motion than by being still in motionless air, sometimes as much as  $4^{\circ}$ .

The method I adopt in endeavouring to ascertain this ratio is this: I take the temperature of the air and the temperature of a thermometer, with the bulb surrounded with wet paper, which I call the *evaporating point*, and the temperature of the dew-point at the same time twice a day, at sunrise and at noon. These three temperatures I set down in corresponding columns, and after comparing a great number of these observations I hope to be able to discover such a relation between them that by knowing any two of them the third may be deduced.

The temperature of the evaporating point is always taken by swinging the wet bulb rapidly in the air; and in taking the dew-point I always wipe the dew off the tumbler entirely dry, after it has once settled, carefully observing whether it will settle again—and the temperature at which it just ceases to settle, as the water is getting warmer, is the dew-point.

As a sample of my method, I send you an extract from my meteorological

journal of observations made at noon, from which it will appear that when the temperature of the air is near 60° the evaporating point is nearly an arithmetical mean between the other two, and when the temperature of the air is above this, the evaporating point and the dew-point are nearer to each other than the arithmetical mean, and when the temperature is lower they are further apart.

Temperature of dew-point	60	64	67	66	62	71	60	50	46	52	48	44	41	42	46	41	41	43	40	30	21	5	8	1	3
Temperature of evaporating point	70	72	73	71	70	74	68	60	58	52	57	54	52	41	50	46	41	43	43	30	21	5	20	18	12
Temperature of air	90	88	84	81	80	80	78	74	72	67	67	64	63	56	53	50	48	43	45	39	30	25	20	22	14

These observations are culled out from various parts of my journal, and they contain the extremes nearly which I have observed during the last nine months.

For further information on this new department of meteorology, see Daniell's Meteorology; see also some essays of mine in the Journal of the Franklin Institute for 1831 and 1832, containing amongst other things a "new theory of rain."

Among the various uses to be derived from an attention to the dew-point, I will, in conclusion, suggest the propriety of trying whether the dew-point of the breath is the same in phthisis pulmonalis as in health.

I find, as was stated in the last number of this Journal, by breathing on a tumbler of water, that the dew-point of my breath is 94°. If it should be less than this in phthisis pulmonalis, or fever, or in any other disease, the intelligent physician will not fail to derive advantage from the discovery.

Philadelphia, March 10th, 1832.

**Irreducible Hernia.** By WILLIAM M. FAHNESTOCK, M. D.—We had an opportunity a few days since, of examining a hernial tumour of very great size, and of fifty-five years standing, which may be interesting as another evidence of the adaptive powers of various parts of the system to endure new burdens, which nature or accident occasionally throws upon a part destined for other purposes.

M. Brim, ætat. 79 years, a revolutionary soldier, and now residing near Waynesborough, Franklin county, Pennsylvania, first perceived a small tumour in the region of the internal abdominal ring, after severe exercise and straining labour, in the Highlands of New York state, 1777, which increased very much and descended during the hardships and severity of the winter at the Valley Forge and the succeeding campaigns which achieved our glorious independence. It continued to enlarge though still reducible for thirty years, during part of which time he wore a truss, but has not been able to reduce it for nearly twenty-five years, and now presents a very enormous and heavy tumour, measuring from the abdominal ring to the symphysis pubis two feet, transverse circumference two feet two inches. The protrusion is principally on the right side, and appears to be chiefly intestine; the penis is entirely buried in the tumour, and only discernible through a patulous orifice about the middle of the upper surface near the left side of the tumour.

A very singular circumstance attending this case is, that the subject has suffered but little pain from it; no severe pain, colic, or any symptom of strangulation having ever occurred; he has at all times eaten every variety of food with impunity; is generally very comfortable in his evacuations, seldom costive, occasionally flatulent, which distends the tumour very much and produces some uneasiness, but is immediately relieved on taking some stimulating carminative cordial, which discharges the wind with great force and violent commotion in the bag. The greatest inconvenience he experiences is, to sustain an equilibrium in walking, from the great weight of the tumour, which constantly tends to throw the body forward, and particularly on rising from a chair. By sitting on the ground or floor so as to relax the tension of the sac, he can manage to protrude the penis about three-fourths of an inch, and pass the urine with ease, which

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otherwise would act as a great irritant and excoriate the skin. He is in every respect a comfortable old man, with a flow of spirits and good humour, and delights in nothing more than fighting over again the battles of the revolution, and recounting the hardships which emphatically tried men's souls.

*A Discourse on the Epidemic Cholera Morbus of Europe and Asia; delivered as an Introductory Lecture at the College of Physicians and Surgeons in the City of New York, November 9th, 1831. By JOSEPH MATHER SMITH, M. D. Professor of the Theory and Practice of Physic and Clinical Medicine.*—We ought before this to have expressed the gratification we received from the perusal of this able discourse. The concluding remarks refer to a subject of so much interest at the present moment, that we cannot refrain from quoting them.

"If the views which have been offered be correct," says Dr. Smith, "we may advance with confidence to the final inquiry, how far a system of medical police can protect us from the invasion of the epidemic cholera? The atmospheric origin of the epidemic being determined, the problem may be solved in a few words. The express design of the laws establishing quarantines, expurgation of ships, merchandise, &c. is to prevent the importation of poisons which are productive of epidemic diseases. Some of the contagions being poisons of that kind, as that of small-pox, and also certain infections, as the malignant miasm producing yellow fever, come properly under the prohibitory operation of those laws. These poisons are capable of adhering for a season to various materials, and may be transported in ships across the seas; and hence, in preventing their introduction, the efficacy of quarantine is every where acknowledged. But here the prophylactic powers of quarantine end. Against the invasion of meteoric epidemics all public enactments are, in effect, nullities. The causes of these diseases being certain influences which pervade the general atmosphere, are as uncontrollable by human agency as stormy clouds and tempests. That the cause of cholera is of this sort, cannot be doubted; and in this conviction, we must regard the sanitary measures, recently adopted by our municipal authorities as impotent and nugatory. They serve but to dissipate popular apprehensions. If any measure of purification be insisted on, it should consist in merely expelling the air that may be retained in the holds of ships and packages of goods during their passage from sickly to healthy ports. Supposing the air thus transported to preserve its morbid properties, no persons would suffer from it, but those immediately exposed to it; or in other words, it could not induce in the general atmosphere an epidemic influence. Facts, however, abundantly show, that such precautions are utterly useless. In no instance is it known that a ship or any species of merchandise after leaving an epidemic region has produced a case of cholera. Even in places which have been recently devastated, goods of all descriptions are regarded as perfectly innocuous. The Extraordinary Committee established at Moscow, by order of his majesty the emperor, conclude their report with the explicit declaration: "That it is unnecessary to subject merchandise to fumigation in those places where the cholera has existed."

*Mode of Reasoning in Medical, as Compared with other Subjects.*—We have been favoured by Dr. HENRY INOXSON, of Albany, New York, with a small pamphlet, having this title, and of which we presume that he is the author. It is an able production, marked by sound reasoning, and is evidently the offspring of a cultivated mind. It should be as widely circulated as possible, being calculated to lead the public to a juster appreciation of medical science, and a more discriminating judgment of professional capacity. The following extract will exhibit the object of the writer of the pamphlet.

"The conclusion to which we would bring our remarks is this: the only safety for the public on this momentous subject, is to confine the practice of physic to men of truly enlightened and philosophical minds. But this can never be accomplished, until the public at large are made more strongly to

feel the multiplied and peculiar difficulties attendant on medical inquiries. It is from *enlightened public opinion* alone, that we can hope for the removal of what is still an enormous evil in this country—the intrusion of ignorant men, of weak and ill-disciplined minds, into the medical profession. Public opinion ought to check the facility with which degrees and licences are granted in some of our medical institutions. How often are men taken from the plough or the anvil, with the bare rudiments of an English education, and in two or three years turned out upon society, as the constituted guardians of the public health! Such men, in most cases, could not sustain themselves for an hour in the profession of divinity or of law. Their utter incapacity for philosophical investigation would be manifest to all; but shielded by the mysteries of a profession which the public eye cannot penetrate, they too often gain wealth and influence, by the grossest quackery and imposition. If our remarks in this article should lead any of our readers to appreciate more highly the amount of mental discipline which ought to be demanded in medical practitioners, our labours will be amply repaid.”

*Gooch's Midwifery.*—Messrs. Carey & Hart have just published the Lectures on Midwifery, and on the Diseases of Women and Infants of the late ROBERT GOOCH, M. D. formerly lecturer on midwifery at St. Bartholomew's Hospital, and advantageously known to the profession through his various publications. The present work has been prepared for the press by ROBERT SKINNER, Esq. from notes taken by him when attending Dr. Gooch's lectures. We shall take a future opportunity of noticing this work more particularly.

*Ryan's Manual of Medical Jurisprudence.*—Messrs. Carey & Lea have republished this work, with notes and additions, by R. EOLESFELD GRIFFITH, M. D. In this edition the editor has entirely rewritten the chapter on the laws relating to the profession, so as to accommodate it to the laws of the several states—he has also greatly extended the chapter on the important subject of medical evidence, which was but cursorily treated of by the author, and is not noticed by Dr. Beck in his valuable treatise. On a former occasion, (Vol. IX. p. 146,) we expressed our opinion of the excellence of the original work, which has been considerably enhanced by the valuable additions which have been made to it, and we congratulate Dr. Ryan on having fallen into the hands of so judicious and accomplished an editor on this side of the Atlantic, as Dr. Griffith.

*Larrey's Surgical Memoirs.*—Messrs. Carey & Lea have just published a volume of these memoirs, containing a sketch of the campaigns of Russia, Germany, and France; and which, like every thing from the pen of that veteran surgeon, is equally interesting and instructive. We shall notice it more particularly in our next No.

*New Dictionary of Medical Science and Literature.* Messrs. Gray and Bowen have in press a new Dictionary of Medical Science, containing a concise account of the various subjects in *Anatomy, Physiology, Pathology, Therapeutics, Materia Medica, Surgery, Obstetrics, and Pharmacology*, with the Etymology and Orthography of the terms, and their Greek, Latin, French, and German synonyms;—a copious Bibliography appended to the different articles, and Bibliographical Notices of the most eminent Authors in the different departments of Medical Science, with a Catalogue of their principal works—presenting an Epitome of the existing state of Medical Science and Literature. By R. DUNGLISON, M. D. Professor of Medicine in the University of Virginia, &c. &c.

The work will not be a mere Dictionary of terms; it will comprise concise histories of diseases; description and doses of various kinds of Medicine, with formula for the different Pharmaceutical preparations, &c. &c.

From the known talents and erudition of the author, it may be safely predicted that this work will constitute a valuable addition to our literature.

*Elements of Physiology.*—By R. DUNELSON, M. D.—This work, which is now in the press, will be comprised in 2 vols. 8vo. and will be illustrated with numerous plates and wood cuts. We shall not fail, as soon as it is published, to lay an account of it before our readers.

*Cyclopædia of Practical Medicine and Surgery.*—Messrs. Carey & Lea have in preparation a Cyclopædia of Practical Medicine and Surgery, edited by ISAAC HARRIS, M. D. and to be published in numbers, each containing one hundred and twelve pages, double columns; price to subscribers, 50 cents per number. The object of this work is to present to the American practitioner a complete Library of Medicine and Surgery, exhibiting the actual state of those sciences, and constituting an authoritative book of reference, in a condensed form, and at a trifling expense.

Advantages will be taken, in its preparation, of the French, English, and German Cyclopædias, now in the course of publication, and a large mass of American materials will be added, which have never yet been embodied in any work of the kind. At the termination of each article copious references will be given to the best writers on the subject, so as to enable the student who desires it, to pursue his investigations with the least trouble and greatest advantage.

As an evidence that the means of accomplishing this important undertaking have been secured, it may be stated that the coöperation of the most distinguished medical men in the United States has been promised, among whom are Professors Chapman, Dewees, Dickson, Geddings, Gibson, Horner, Jackson, Mott, Warren, &c. and Drs. Bache, Bell, Coates, Condie, Emerson, Griffith, Harris, Hodge, Randolph, Wood, &c.

The first number will appear early next autumn, and be continued regularly at intervals of about a month. It is expected that the whole will be completed in forty numbers, making eight volumes.

*University of Pennsylvania.*—The number of students in this institution, on the 1st of January last, was eight hundred and forty-nine; of whom three hundred and ninety were attending the medical lectures, one hundred and twenty-six belonged to the collegiate department, one hundred and sixty-four to the academical department, and one hundred and sixty-nine to the charity schools.

*Transylvania University.*—There were attending lectures in the Transylvania University during the past winter, two hundred and thirteen medical students, and thirty-seven law students.

## NECROLOGY.

It is our painful task to announce the loss which this Journal and medical science has sustained in the death of CHARLES DRAKE, M. D. of New York. Dr. Drake was deeply imbued with the soundest medical doctrines, was remarkable for the perfect devotion and conscientiousness with which he pursued truth, and for the simplicity and ingenuousness of his character. His death is a public calamity.

We trust that some one of his friends will favour us with a biographical notice of him. The life of such a man cannot fail to present an instructive lesson, and to offer a bright example for imitation to his professional brethren.

Died on the 9th of December, 1831, ALEXANDER COVENTRY, M. D. late of Utica, New York. Dr. C. was the son of Captain George Coventry, who commanded an independent company raised in the then colony of New York, in the year 1761, and served in the forces of his Majesty George III. in the old French